

## **Disease Control Priorities: DCP 2 Chapter Outline.**

### **Chapter 49: School Health Programs.**

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#### **Section 1. The Nature Causes and Burden.**

- Overview of conditions that can be responded to with school and adolescent health programs for children and youth in the 5-24 year age group.
- Overview of the implications of a continuum of good health and nutrition for physical and intellectual development, and the implications of this that go beyond health outcomes (eg educational achievement).
- Explanation of the implications both for concurrent benefit (eg health interventions that enhance school achievement), and for the downstream benefits of the early establishment of a health life style (eg tobacco, HIV/AIDS prevention).
- This section will present DALYs produced by WHO in 1999 albeit incomplete for the 5-24 age group and try to present updated figures. We will present the conceptual problem that much of the disease burden related to child and adolescent behaviors (smoking, risky sex, poor nutrition) does not show up until later in the adult years. We will argue that if we look only at DALYs for the 5-24 group, school age children and adolescents will appear far “healthier” than they truly are. This chapter will discuss this issue and use estimates of the future disease burden related to adolescent behaviors.
- We will look at inequalities and impact on the poor, across and within countries, so far as data permit. Relatively little if any of the school age child and adolescent health disease burden data is broken out by income group. However, we will draw on the DHS analyses by income level already commissioned for about 8 countries so far. Each looks at about 10 adolescent-specific health indicators (status and use of services).

#### **Section 2. Interventions.**

##### **2.1 School health programming (focus on delivery through or with formal and informal education sectors)**

- Role of IMCI and Early Child Development programs in promoting downstream health and nutrition benefits for schoolchildren and youth
- Packaging of interventions: Child Friendly Schools; Health Promoting Schools; school visits by mobile health teams.
- A developed consensus on a school health package: the FRESH (Focusing Resources of Effective School Health) framework.

### **Section 3. Intervention Cost and Cost Effectiveness.**

#### **3.1 School health programming (focus on delivery through or with formal and informal education sectors)**

The following issues will be addressed specifically:

- Effective health policies for the education sector: communications strategies
- Access to water and sanitation (in liaison with W&S chapter)
- Health and nutrition education: nutrition education; HIV/AIDS prevention; tobacco and drug abuse prevention (with Tobacco chapter); teacher training
- Health and nutrition services: deworming services; Iron, Iodine and Vit A supplementation; food for education and schoolfeeding; malaria; vision and refraction correction

The sub-section will be divided as follows:

- Review of the literature
- Estimates of costs of specific interventions and as part of a package of interventions using the FRESH framework
- Cost-effectiveness of specific and packaged interventions – with specific emphasis on both health and educational outcomes
- Equity implications: especially for girls education and reaching poor and disadvantaged children.

### **Section 4. The Economic Benefits of Intervention**

#### **4.1 School health programming (focus on delivery through or with formal and informal education sectors)**

A literature review of impact on GDP and welfare gains. Special attention will be paid to: 1) separating concurrent benefit and downstream benefit, including intergenerational benefits; 2) benefits gained through educational achievement versus health improvement.

### **Section 5. Implementation of Programs and Lessons of Experience.**

#### **5.1 School health programming (focus on delivery through or with formal and informal education sectors)**

- Practical experience of programs. A table of country programs indicating: technical content; which sector(s) are responsible; costs; coverage.
- Lessons learned. Analyzed using the FRESH framework: policies; water and sanitation; health and nutrition education; health and nutrition services. A special focus on HIV/AIDS prevention and deworming.
- Implications for health systems development. Analysis of relative roles and responsibilities, costs and interventions for health and education systems.

## **Section 6. The R & D Agenda.**

### **6.1 School health programming (focus on delivery through or with formal and informal education sectors)**

Operations research on : 1) the effectiveness of school based HIV/AIDS prevention; 2) the cost-effectiveness of food for education programs; 3) the changing roles and responsibilities of the health and education sectors in relation to GDP.

## **Section 7. Conclusions.**

This section will summarize the findings presented above on successful interventions and describe constraints to implementation. We will discuss the importance of investing in the human capital of school age children.